

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

4/1

04-11-2003 90172 044 ****61.25

DOCUMENT # 729541

1. Entity Name

PEACE EVANGELICAL LUTHERAN CHURCH OF FORT LAUDERDALE, FLORIDA, INC., THE LUTHERAN CHURCH - MISSO



Principal Place of Business
1801 E. COMMERCIAL BLVD.
FORT LAUDERDALE FL 33308

Mailing Address
1801 E. COMMERCIAL BLVD.
FORT LAUDERDALE FL 33308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1235846**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/2/03

FILE NOW: FEE IS \$61.25

By 5/1/03

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP/D	<input type="checkbox"/> Delete
NAME	CHAPERON, JOHN D	
STREET ADDRESS	2825 NE 35 CT	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	SO	<input checked="" type="checkbox"/> Delete
NAME	WILKIE, JOAN E	
STREET ADDRESS	2208 S CYPRESS BEND DR	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	VO	<input checked="" type="checkbox"/> Delete
NAME	SCHUEVERMAN, CHARLES	
STREET ADDRESS	P.O. BOX 23835	
CITY-ST-ZIP	FT LAUDERDALE FL 33307	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DEAN, MARILYN D	
STREET ADDRESS	5500 NE 28TH AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	Linn, ALTON President	<input type="checkbox"/> Delete P/D
NAME	1500 E ATLANTIC BLVD D	
STREET ADDRESS	Pompano Beach, FL 33060	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/03

Date

Daytime Phone #

CR2E037 (10/02)